

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(*Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

3. LEASE DESIGNATION AND SERIAL NO.

SE-045646A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Goede

9. WELL NO.

250

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR BLM. AND

SURVEY OR AREA
SEC. 29, T30N, R9W
NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

P.O. Box 4289 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1640'S, 1540'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

5856'GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

Permit to Drill Extension

RELL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

It is anticipated that the "Permit to Drill" will expire before this well can be spudded;
Therefore, an extension is requested.

RECEIVED

OCT 1 6 1989

CON. DIV.

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APR 03 1990

THIS APPROVAL EXPIRES

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

9-26-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL IF ANY:

OCT 11 1989

DATE

[Signature]

FOR THE BUREAU OF LAND MANAGEMENT

*See Instructions on Reverse Side